## IA ETHIC STATEMENT FORM FOR INSTRUCTIONS, SEE BACK OF FORM OF DR-1 **ORGANIZATION** CHECK ONE: (Rev. 8/20: ☐ This is an initial\* Statement of Organization For Office Use Only ☐ This is an amended\* Statement of Organization \* Statement must be filed within 10 days of committee accepting contributions, making expenditures, or Comm. # incurring debts exceeding \$750. Amendments must be filed within 30 days of a change. Indexed Effective January 1, 2011, ONLY county/local committees with less than \$2000 in campaign activity may file Audited using these forms. All other committees must file their statements and reports electronically. Computer COMMITTEE NAME $\downarrow\downarrow$ (A candidate's committee must include the candidate's last name in the name of the committee.) If amending committee name, put old name in ( ). IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10 )School Board or Other Political Subdivision PAC (11) Ballot Issue (including committee involved in multiple city/county ballot issues) COMMITTEE CHAIR (mandatory except for a candidate's committee) COMMITTEE TREASURER (mandatory for all committees Name ↓ ↓ Name ↓ ↓ Mailing Address ↓ ↓ Mailing Address Zip Code ↓ ↓ City, State ↓ ↓ Zip Code City, State ↓ ↓ Phone ( Phone ( e-Mail e-Mail INDICATE PURPOSE OF COMMITTEE - Check One Box Advocate for/against candidate(s) Advocate for ballot issue(s) Advocate against ballot issue(s) Comment or description: County/Local Candidates and Ballot Issue Committees Enter: All Candidates Enter: Office Sought: County: (If active in multiple ballot issue elections, attach list of counties Political Party (if applicable) Date of Election: District: 201 Year Standing for Election: Candidate name & Address or Parent Entity (PACs, if applicable), Bank Account Name (must match committee name) Affiliate, or Sponsor Mailing Address Name of Financial Institution/type of Account Mailing Address 5109 Zip City Phone 5110 e-Mail STATEMENT OF AFFIRMATION: By filling this document the committee affirms the following: 1. The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code. 2. That lowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions. 3. That lowa Code section 58A.405 and rules 351---4.38 through 4.41 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule. A committee that wishes to register a committee name for purposes of using the shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form in lieu of filing this form 4. That lowa Code section 68A,503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for ballot issue PACs, 5. A candidate and a candidate's committee may only expend campaign funds as permitted by lowa code sections 68A.301 through 68A.303 and rule 351—4.25. 6. That the committee will continue to fife disclosure peoorts until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed re of Treasur Date Signed of Candidate, OR, for all other committees, Chairperson